

Appendix F

Specimen Documentation

Chemical/Biological Specimen Documentation

Note:

This sample report allows a collector to note the most relevant details associated with pre- and post-specimen collection conditions. Do not consider the report to be all-inclusive.

1. ID Number: _____
2. Collection (Date/Time): _____
3. Collector/Unit: _____
4. Type: Environ ☐ Biomed ☐ Single ☐ Multiple
5. Purpose: Attack ☐ Chem/Bio Alarm ☐ Chem Detect ☐ Recon Illness/Death ☐ Other ☐
6. Post Exposure: ☐ Hours ☐ Days ☐ Weeks ☐ Unknown
7. Location: Town _____
Coordinates _____
- a. Terrain: ☐ Flat ☐ Hills ☐ Mountain ☐ Desert ☐ Jungle ☐ Sparse Trees ☐ Grass ☐ Body of Water/Type: _____
- b. Weather: ☐ Clear ☐ Cloudy ☐ Rain ☐ Fog ☐ Snow ☐ Dust
- c. Wind: ☐ Light ☐ Heavy ☐ Gusty ☐ None
- d. Odor: ☐ Sweet ☐ Fruity ☐ Pepper ☐ Flower ☐ Irritating ☐ Changing ☐ None ☐ Other
- e. Temp at Time of Attack: _____ Temp at Time of Sample Collection: _____
8. Comments: _____

9. Attack: Date/Time _____ Method:
☐ Artillery ☐ Rocket ☐ Aircraft ☐ Mortar ☐ RPG/Grenade ☐ Other Describe: _____

- a. Explosion: Air _____ (Height) _____
Ground _____ Size D i s t a n c e _____
Describe: _____

- b. Consistency: Smoke ☐ Mist ☐ Dust ☐ Rain ☐ Gel ☐ Invisible Describe: _____

10. Environ Specim: ☐ Soil ☐ Water ☐ Veget ☐ Other ☐ Air
11. Bio-Med Specimen: ☐ Acute ☐ Convalescent ☐ Exposed, ☐ Not 111 ☐ Post Mortem ☐ Control Explain: _____
☐ Blood ☐ Liver ☐ Lung ☐ Spleen ☐ Brain ☐ Skin ☐ Kidney ☐ Urine
Other Describe: _____

12. Comments: _____

13. Casualty: SSN _____ Unit _____
Sex _____
14. Signs/Symptoms: ☐ Onset ☐ Duration
a. Head: ☐ Fever ☐ Chills ☐ Headache ☐ Flushed ☐ Dizziness ☐ Unconsciousness ☐ Coma ☐ Hallucinations
b. Eyes: ☐ Sunlight Sensitive ☐ Painful ☐ Burning ☐ Droopy Eyelids ☐ Double Vision ☐ Blurred Vision ☐ Large Pupils ☐ Pinpoint Pupils
c. Nose: ☐ Runny ☐ Bleeding
d. Throat: ☐ Sore ☐ Dry ☐ Salivating ☐ Bloody Sputum ☐ Hoarseness ☐ Difficulty Speaking
e. Respiration: ☐ Difficulty Breathing ☐ Chest/Pain Discomfort ☐ Wheezing (In/Out) ☐ Coughing ☐ Labored Breathing
f. Heart: ☐ Pounding of Running ☐ Irregular Heartbeat
g. GI: ☐ Loss of Appetite ☐ Nausea ☐ Frequent Vomiting ☐ Frequent Diarrhea ☐ Vomiting Blood ☐ Diarrhea with Blood
h. Urinary: ☐ Bloody Urine ☐ Unable to Urinate
i. Musculo-Skeletal: ☐ Neck Pain ☐ Muscle Tenderness ☐ Muscle Trembling/Twitching ☐ Weakness ☐ Paralysis

Describe _____

☐ Convulsions ☐ Tremors ☐ Muscle
Aches ☐ Back Pain ☐ Joint Pain

j. Skin: ☐ Rash ☐ Reddening ☐ Itching
☐ Blisters ☐ Pain ☐ Numbness ☐ Pro-
fuse Perspiration

15. Comments: _____

16. Related Specimens: _____

ID Number _____

Description: _____

